02593

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Ernest (Last) Armstrong

4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 8/16/1870
9. AGE last birthday 79 yrs. If under 1 year Months 6 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner ~~None~~
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Alexander Armstrong
14. MOTHER'S MAIDEN NAME Leusia Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 219-14-4959A
17. INFORMANT AND ADDRESS Emma Lewis 657 No.13th. St. Phila.Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease

(c)

420.1

93d

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1950, to Mar. 5, 1950, that I last saw the deceased alive on Mar. 4, 1950, and that death occurred at 9:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Stoneside M.D. ADDRESS Greensboro Md DATE SIGNED 3/7/50

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE 3/11/50
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) (State) Near Goldsboro, Md.

DATE REC'D BY LOCAL REG. March 9-50
REGISTRAR'S SIGNATURE Mary E. Laird
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

02594

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Houston Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Houston Branch Road

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Gertrude (Last) Briggs
4. DATE OF DEATH (Month) March (Day) 14 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 3, 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Caroline County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Sheppard
14. MOTHER'S MAIDEN NAME Lear Ann Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Orrie F. Briggs, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 44 N Immediate cause | (a) Acute Myocarditis | 10 hours |
| 93a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Hypertension - Sclerosis | ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hanson O. George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 3/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 16, 1950
NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery
LOCATION (City, town, or county) Federalsburg, Maryland (State)

DATE REC'D BY LOCAL REG. March 15, 1950
REGISTRAR'S SIGNATURE J. J. Frampton
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1950
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02595

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro; LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewart Convelescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Annie (Last) Cheffins
4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 50

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 3/12/1866
9. AGE last birthday: 84 yrs. If under 1 year: Months 0 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edward Morris
14. MOTHER'S MAIDEN NAME: Hester Diggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Stewart Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1949, to Mar. 18, 1950, that I last saw the deceased alive on Mar. 17, 1950 and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: Chas. H. Thomas Jr. M.D. (Degree or title) ADDRESS Greensboro Md. DATE SIGNED 3/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/21/50
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 3-20-50
REGISTRAR'S SIGNATURE: L. Mae Pippin
24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS Greensboro, Md.

RECEIVED
MAR 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02596

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN "
STREET ADDRESS " (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Alice Dick Davis

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1950

5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 5, 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Smyrna, Del.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rev. A. H. Dick
14. MOTHER'S MAIDEN NAME Lydia Ruth Hammond Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Wilmer Fell Davis Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X Immediate cause (a) Carcinoma of Breast c̄ generalized metastases — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathologic fracture left femur 2 months

19a. DATE OF OPERATION 1940
19b. MAJOR FINDINGS OF OPERATION Removal rt. breast - Carcinoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/50, 19....., to 3/26, 1950, that I last saw the deceased alive on 3/26, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE Frank McAnderson (Degree or title) MD. ADDRESS Federalsburg Md DATE SIGNED 3/28/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3/29/50 NAME OF CEMETERY OR CREMATORY Hillcrest Cem. LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REG. 3/28/50 REGISTRAR'S SIGNATURE Everett Nuttle, Deputy

24. FUNERAL DIRECTOR Adams & Williamson ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02597

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton; LENGTH OF STAY (in this place) 14 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Alaxander; (Middle) M.; (Last) Dulin

4. DATE OF DEATH: (Month) 3; (Day) 7; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/24/1876

9. AGE last birthday: 73 yrs. If under 1 year: Months 5; Days 11; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Dulin

14. MOTHER'S MAIDEN NAME: Julia Mc Ginty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Robert Dulin Denton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Arthritis — Interval Between Onset and Death: 5 yrs

450.0

Antecedent cause(s)

59b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri Sclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead when I saw him, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson O. George M.D. Denton Md 3/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/10/50

NAME OF CEMETERY OR CREMATORY: Greensboro

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 3/10/50

REGISTRAR'S SIGNATURE: Mina B George

24. FUNERAL DIRECTOR: R. B. Rawlings

ADDRESS: Greensboro, Md.

VS. A15

OOOVV

RECEIVED
MAR 16 1950
BUREAU V. S.

Dr Death

02598

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rd. LENGTH OF STAY (in this place) 20 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton. Rd. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — | STREET ADDRESS (If rural, give location) |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Mary | (Middle) Emma | (Last) Fountain | 4. DATE OF DEATH (Month) Mar. (Day) 15th (Year) 1950 |
| 5. SEX Female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Feb 4th 79 | 9. AGE last birthday 71 yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME George W. Cobee | | 14. MOTHER'S MAIDEN NAME Louisa Maloney | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Walter Fountain (Husband) | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) arterio sclerosis | 15 yr |
| 450.0 Antecedent cause(s) | | |
| 87c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Parkinson's Disease | 15 yr. |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from March 9, 1935, to March 15, 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at 4:50 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| L Paul Knotts | MD | Denton md | March 17 1950. |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 18th 50 | NAME OF CEMETERY OR CREMATORY Denton Cemetery | LOCATION (City, town, or county) Denton | (State) md |
| DATE REC'D BY LOCAL REG. 3/19/50 | REGISTRAR'S SIGNATURE Mrs D G George | 24. FUNERAL DIRECTOR J. Virgil Moore & Son | ADDRESS Denton | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950
BUREAU V. S.

02599

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton, Rd. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton, R.F.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) (Last) Helmsorig
4. DATE OF DEATH: (Month) Mar. (Day) 26th (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 27th 1890
9. AGE last birthday: 56 yrs. — If under 1 year: Months 2, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frankfurt, Germany
12. CITIZEN OF WHAT COUNTRY?: Germany
13. FATHER'S NAME: Unknown Goetz
14. MOTHER'S MAIDEN NAME: Barbara Lotz, Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Fritz Helmsrig, Greensboro, Md. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Pneumonia

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension

(c) Senile Dementia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 24, 1950, to Mar. 26, 1950, that I last saw the deceased alive on Mar. 26, 1950, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE: Charles H. Henrietta (Degree or title) — ADDRESS: Greensboro Md. — DATE SIGNED: 3/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 29 50 — NAME OF CEMETERY OR CREMATORY: Holly Cross Cemetery — LOCATION (City, town, or county): near Denton, Rd. — (State): Md.

DATE REC'D BY LOCAL REG.: 3/28/50 — REGISTRAR'S SIGNATURE: Mrs D O George

24. FUNERAL DIRECTOR: J. Vigil Moore & Son — ADDRESS: Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02699
63

Reg. Dist. No. 62

1. PLACE OF DEATH
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garnett
STREET ADDRESS (If rural, give location) Preston Rd

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) Virginia (Last) Davis

4. DATE OF DEATH: (Month) Mar. (Day) 22nd (Year) 1950

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Feb. 6th 1875

9. AGE last birthday 75 yrs. If under 1 year: Months — Days 18 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas J. Carroll

14. MOTHER'S MAIDEN NAME Annie Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Ida Todd. R.F. Preston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral + General Arteriosclerosis

334X Antecedent cause(s)

59a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Nephritis Contributory

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1949, to Mar. 22, 1950, that I last saw the deceased alive on Mar. 21, 1950, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE Claude A. Swanson (Degree or title) M.D. ADDRESS Greensboro Md. DATE SIGNED 3/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Feb. 26 50 — NAME OF CEMETERY OR CREMATORY Concord Cemetery — LOCATION (City, town, or county) Concord Rd. — (State) Md.

DATE REC'D BY LOCAL REG. 3/25/50 — REGISTRAR'S SIGNATURE Cornelia D. Plummer — 24. FUNERAL DIRECTOR J. Pickel Moore — ADDRESS Denton

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02601

# CERTIFICATE OF DEATH

Reg. Dist. No. 6-1

| | |
|---|---|
| 1. PLACE OF DEATH- COUNTY: Caroline — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): 50 Yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: None | STREET ADDRESS (If rural, give location): None |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Georgenia | | Moore | 3 | 2 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F. | White | Widowed | 2/18/1864 | 86 yrs. | 0 | 12 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Housewife | None | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John T. Clough | Anna Smith |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | Helen Conner Greensboro, Maryland |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Cerebrovascular accident | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic C.V. Disease | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Nov. 15, 1949, to March 2, 1950, that I last saw the deceased alive on March 2, 1950, and that death occurred at 6:30 A.M. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Lewis H. Crawford M.D. | Greensboro Md | 3/2/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/5/50 | Ridgely | Ridgely, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 4-1950 | L. MacPippin | R. B. Rawlings | Greensboro, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

02602

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 West Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) 113 West Central Avenue

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Etta (Last) Nabb

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 11, 1861

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Beaver Dam, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Foy

14. MOTHER'S MAIDEN NAME: Mary Loomis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. J. Frank Short, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Uremia Coma. | 3/19/50 |
| 260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61 | (b) Diabetes Mellitus | 1934 |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1934, to 3/23, 1950, that I last saw the deceased alive on 3/23, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. L. Lemmon M.D. Federalsburg Md. Mar. 24th 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 26, 1950
NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: March 25, 1950
REGISTRAR'S SIGNATURE: S. J. Frampton

24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

RECEIVED
AUG 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02603

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 64 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgeville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Bridgeville Road

3. NAME OF DECEASED (Type or Print): (First) C. (Middle) Arthur (Last) Pratt

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 11, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Bridgeport Conn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles L. Pratt

14. MOTHER'S MAIDEN NAME: Susan Augusta Hurd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Jennie White, Federalsburg, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Poss. uremia

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d (b) Poss. pyelonephritis as result of metastases

(c) Poss. malignancy of the lower intestine

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 December, 1949, to 4 March, 1950, that I last saw the deceased alive on 4 March, 1950, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

SIGNATURE John C Rawlins (Degree or title) MD ADDRESS Federalsburg Md. DATE SIGNED 07 March 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 27 1950
NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: March 27, 1950
REGISTRAR'S SIGNATURE: J. S. Frampton

24. FUNERAL DIRECTOR: J. S. Frampton and Son, ADDRESS: Federalsburg, Md.

SUOVV

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MAR 29 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02604

Reg. Dist. No. 62

Dr. Standiford

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Arthur | Everton | Ramsdell | Mar. | 15th | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | White | Married | Dec. 2nd 1888 | 61 yrs. | 3 | 14 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| School Teaching | | Denton Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Harry Ramsdell | Lonie Crawley |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Mrs Helen C Ramsdell: Denton |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Bladder

181X Antecedent cause(s)

52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Mar. 15, 1950, that I last saw the deceased alive on Mar. 14, 1950, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Charles H Haines Jr. M.D. | | Greensboro Md | 3/17/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Mar. 19th 1950 | Denton Cemetery | Denton | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/18/50 | Wm S Pearce | J. Virgil Brown & Son | Denton |

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02605

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Minnesota COUNTY: No Record |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro — LENGTH OF STAY (in this place): 3 Yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: No Record |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: None | STREET ADDRESS (If rural, give location): None |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Rachel | (Middle) | (Last) Rasmussen | 4. DATE OF DEATH | (Month) 3 | (Day) 16 | (Year) 50 |
| 5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 1/27/1875 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months 1 | Days 17 | If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Minnesota | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME: Errick Peaterson | 14. MOTHER'S MAIDEN NAME: No Record | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Vancie Peaterson Greensboro, Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage c̄ hemiplegia

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular

93d (c) Disease c̄ hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 3-12-, 1950, to 3-16-, 1950, that I last saw the deceased alive on 3-15-, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: Charles H. Houseford (Degree or title) ADDRESS: Greensboro Md DATE SIGNED: 1/17/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/19/50 | NAME OF CEMETERY OR CREMATORY: Greensboro | LOCATION (City, town, or county) (State): Greensboro, Md. |
| DATE REC'D BY LOCAL REG.: 3/18/50 | REGISTRAR'S SIGNATURE: L. Mae Pippin | 24. FUNERAL DIRECTOR: R.B. Rawlings | ADDRESS: Greensboro, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02606

# CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Martin | Richard | Schnick | March | 27 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | Nov. 13, 1907 | 42 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Unemployed | — | Caroline County, Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| George Schnick | Elizabeth Holechak |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No — | None | Mrs. Ernest Dukes, Preston, Maryland |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 442.X Immediate cause | (a) Coronary Decompensation Uremia | 3 wks |
| 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio Renal Disease | 10 years |
| | (c) Right Hemiplegia | 2 months |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Residual of Anterior Poliomyelitis — 37 years

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| — | — | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| — | | | m. | | — |

22. I hereby certify that I attended the deceased from 7/28, 1943, to March 27, 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Cornelia D. Plummer | M.D. | Preston Maryland | 3/28/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 30, 1950 | Hill Crest Cemetery | Federalsburg, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/28/50 | Cornelia D. Plummer | J. J. Hampton and Son | Federalsburg, Md. |

XVX99

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MAR 29 1950
BUREAU V. S.

02607

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
LENGTH OF STAY (in this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Alice (Last) Sculley
4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 2/19/1880
9. AGE last birthday 70 yrs. If under 1 year Months 1 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Hynson Sculley
14. MOTHER'S MAIDEN NAME Molly Ellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-12-6310
17. INFORMANT AND ADDRESS Mary Demarest R.D.#3 Sussex, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage - Acute. — INTERVAL BETWEEN ONSET AND DEATH 3-20-50 to 3-21-50

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Edema. Hypertensive Cardio vascular

93d (c) Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION N
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18, 1949, to 3-21, 1950, that I last saw the deceased alive on 3-20, 1950, and that death occurred at 5:45A.m., from the causes and on the date stated above.

SIGNATURE Charles H. Wrangel (Degree or title) MD ADDRESS Ridgely, Maryland DATE SIGNED 3.23.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/24/50
NAME OF CEMETERY OR CREMATORY Ridgely
LOCATION (City, town, or county) (State) Ridgeyl, MD.

DATE REC'D BY LOCAL REG. 3-23-50
REGISTRAR'S SIGNATURE Mary E. Laird
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02608

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Denton — LENGTH OF STAY (in this place): Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: West Denton Md |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: — | STREET ADDRESS (If rural, give location): |

3. NAME OF DECEASED (Type or Print): (First) Sherman (Middle) — (Last) Seth

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/12/1900

9. AGE last birthday: 50 yrs. If under 1 year: Months 2, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor

10b. KIND OF BUSINESS OR INDUSTRY: Masonary work

11. BIRTHPLACE (State or foreign country): Denton, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Hays Seth

14. MOTHER'S MAIDEN NAME: Addie Rich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Addie Seth - Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 331x | Immediate cause | (a) Cerebral Hemorrhage | 5 days. |
| | Antecedent cause(s) | | |
| 83a | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension - Probably | several years. |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 17, 1950, to March 22, 1950, that I last saw the deceased alive on March 17, 1950, and that death occurred at 11 10 m., from the causes and on the date stated above.

SIGNATURE: S. Paul Knotts (Degree or title) MD — ADDRESS: Denton Md — DATE SIGNED: 3/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: Mar. 25th — NAME OF CEMETERY OR CREMATORY: Spring Grove Cemetery — LOCATION (City, town, or county): Denton (State): Md.

DATE REC'D BY LOCAL REG.: 3/25/50 — REGISTRAR'S SIGNATURE: Mrs D O Peary — 24. FUNERAL DIRECTOR: J. Virgil Moore & Son, Denton — ADDRESS:

988 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 29 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02609

Reg. Dist. No. 66

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely — LENGTH OF STAY (in this place) 50 Yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS None | STREET ADDRESS (If rural, give location) None |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) John | (Middle) W. | (Last) Sudler | 4. DATE OF DEATH | (Month) 3 | (Day) 1 | (Year) 50 19 |
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH ~~No Record~~ 1868 | 9. AGE last birthday 81 yrs. | If under 1 year Months. | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired | 10b. KIND OF BUSINESS OR INDUSTRY — None | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | | |
| 13. FATHER'S NAME No Record | 14. MOTHER'S MAIDEN NAME No Record | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Ben. Sudler Goldsboro, Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Central Hemorrhage & Hemiplegia

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Mar. 1, 1950, that I last saw the deceased alive on Feb. 28, 1950, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Charles H. Streamfer | M.D. | Greensboro Md | 3/3/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/4/50 | Cokers | Near Greensboro, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/4/50 | Mary E. Laird | R. B. Rawlings | Greensboro, Md. |

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

02610

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (In this place) 2 1/2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) West Central Avenue

3. NAME OF DECEASED (Type or Print) (First) Diana (Middle) Lynn (Last) Wheatley

4. DATE OF DEATH (Month) March (Day) 14 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH February 21, 1950
9. AGE last birthday yrs. If under 1 year Months Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Milford, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Norris N. Wheatley
14. MOTHER'S MAIDEN NAME Eloise D. Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Norris N. Wheatley, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Possible Congestion of Lungs — INTERVAL BETWEEN ONSET AND DEATH: Sudden

773.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Child

159

(c) Natural Causes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dawson George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 3/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 16, 1950
NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
LOCATION (City, town, or county) (State) Seaford, Delaware

DATE REC'D BY LOCAL REG. March 15, 1950
REGISTRAR'S SIGNATURE J. J. Frampton
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg Md. ADDRESS

9-R-2-21-0-00-0-00-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02611

# CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Templeville
LENGTH OF STAY (in this place) 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Templeville
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Clinton (Middle) Eugene (Last) Wooleyhan
4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7/24/1871
9. AGE last birthday 78 yrs. If under 1 year Months 7 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY ~~None~~ Tenant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James L. Wooleyhan
14. MOTHER'S MAIDEN NAME Mary Merchant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Nathenial Wooleyhan Templeville, M

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

450.0 Antecedent cause(s)

59a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arterial Sclerosis - Chronic Rheumatism

(c) Arthritis -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1946, to Mch 8, 1950, that I last saw the deceased alive on Mch 7, 1950, and that death occurred at 2:45P. m., from the causes and on the date stated above.

SIGNATURE C. A. Hillcoat (Degree or title) M.D. ADDRESS Sudlersville Md DATE SIGNED 3/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Brrial
DATE 3/12/50
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) (State) Sudlersville, Md.

DATE REC'D BY LOCAL REG. 3/11/50
REGISTRAR'S SIGNATURE A. Clark Smith
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1950